

Public Document

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The Commonwealth of Massachusetts

ANNUAL REPORT

OF THE

BOARD OF REGISTRATION IN MEDICINE

FOR THE

YEAR ENDING NOVEMBER 30, 1920

DIVISION OF REGISTRATION
DEPARTMENT OF CIVIL SERVICE AND REGISTRATION



BOSTON

WRIGHT & POTTER PRINTING CO., STATE PRINTERS
32 DERNE STREET

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STATE HOUSE, BOSTON

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The Commonwealth of Massachusetts

DEPARTMENT OF CIVIL SERVICE AND REGISTRATION,
STATE HOUSE, BOSTON, Jan. 13, 1921.

To the Honorable Senate and House of Representatives.

GENTLEMEN:—The Director of Registration in the Department of Civil Service and Registration, Division of Registration, submits herewith the report of the Board of Registration in Medicine, which report is to be published separately from the general report of the Director of Registration.

Respectfully,

WILLIAM S. BRIRY,
Director of Registration.

The Commonwealth of Massachusetts

BOARD OF REGISTRATION IN MEDICINE, STATE HOUSE, Dec. 31, 1920.

TO WILLIAM S. BRIRY, *Director of Registration.*

SIR:—The Board of Registration in Medicine respectfully submits the following as its annual report for the year ending Dec. 31, 1920.

FINANCIAL STATEMENT FOR FISCAL YEAR.

Appropriations.

Salaries of members of Board,	\$4,300 00	
Salaries of members of Chiropody Department,	600 00	
Salaries of office assistants,	1,670 00	
Additional appropriation salaries,	—	
Office assistants,	55 00	
Incidental expenses of Board and Department,	1,600 00	
Extra emergency clerical services for expert stenographers to report important hearings,	250 00	
		<hr/> \$8,225 00

Expenditures.

Salaries of members of Board,	\$4,300 00	
Salaries of members of Chiropody Department,	600 00	
Salary of executive clerk,	1,455 00	
Extra emergency clerical service (Medical Department),	75 00	
Extra emergency clerical service (Chiropody Department),	30 00	
Incidental expenses of Board and Department,	1,277 18	
		<hr/> \$7,737 18

Receipts.

265 examination fees (medicine) at \$25 each,	\$6,625 00	
58 fees for limited hospital registration (medicine) at \$5 each,	290 00	
28 examination fees (chiropody) at \$15 each,	420 00	
61 re-examination fees (medicine) at \$3 each,	183 00	
Fees for certified statements (medicine),	155 00	
Fees for chiropody renewals,	984 00	
Sale of old Neostyle (authorized by Auditor),	5 00	
Interest on deposits in Merchants National Bank,	12 93	
		<hr/> \$8,674 93

Since the establishment of the Board in 1894, the fees received from applicants for registration, renewals and certified statements, and interest on deposits, and paid into the treasury of the Commonwealth, amount to \$174,249.56. The expenditures of the Board amount to \$169,779.79. In dollars and cents, therefore, the Commonwealth has received \$4,469.77 in excess of the total amount expended.

For the year ending Nov. 30, 1921, the Board recommends an appropriation of \$4,300 for salaries of the Medical Board, \$600 for salaries of the Chiropody Department, \$1,560 for salary of executive clerk, \$25 for extra (emergency) service in Chiropody Department, \$250 for emergency stenographers to report important hearings, \$65 for extra (emergency) clerical service in Medicine Department, and \$2,930 for incidental expenses of Board and Department.

The number of persons applying for registration through examination, for the first time this year, is 265, all of whom have been examined except 2. In addition there were 65 who had failed in previous examinations, making the total number of applicants examined 330, as shown in the following table, with the percentages:—

APPLICANTS.	Examined.	Registered.	Rejected.	Percentage rejected.
March examination,	29	20	9	31
May examination,	22	6	16	72
July examination,	176	144	32	18
September examination,	52	23	29	55
November examination,	46	27	19	41
Additional special examinations for emergencies.	5	4	1	20
	330	224	106	38

The following tabulation is based upon the results in the first examination of applicants during the year covered by this report:—

MEDICAL INSTITUTIONS GRANTING THE DEGREE.	Number examined.	Number registered.	Year of Graduation of Rejected Applicants.
Tufts,	81	72	1919-20-20-20-20-20-20-20-20.
Harvard,	54	54	
Massachusetts College of Osteopathy,	17	3	1915-16-18-20-20-20-20-20-20-20-20-20-20.
Middlesex College of Medicine and Surgery,	17	7	1917-19-19-19-19-20-20-20-20-20-20.
Boston University School of Medicine,	8	8	
Physicians and Surgeons, Boston,	8	1	1919-20-20-20-20-20-20.
Foreign,	8	4	1901-08-14-20.
University of Vermont,	5	4	1920.
Jefferson Medical College,	5	5	
Loyola University,	5	4	1919.
Bowdoin Medical College,	4	4	
New York University and Bellevue Hospi- tal.	3	3	
University of Georgetown,	3	3	
American School of Osteopathy,	3	1	1917-20.
Chicago College of Osteopathy,	2	2	
Laval,	2	—	1919-20.
State University of Iowa,	2	1	1915.
University of Pennsylvania,	2	2	
University of Maryland,	2	2	
George Washington University,	2	2	
Chicago College Hospital,	1	1	
Baltimore Medical,	1	—	1902.
St. Louis University,	1	1	
Medical College of Virginia,	1	1	
University of Georgia,	1	1	
Washington University, St. Louis,	1	1	
Des Moines Osteopathic,	1	—	1920.
Colorado University College of Physicians and Surgeons.	1	1	
Osteopathic College of Physicians and Sur- geons, Los Angeles.	1	—	1912.
Meharry Medical College,	1	—	1913.
Chicago College of Medicine and Surgery,	1	—	1916.
Indiana University School of Medicine,	1	—	1917.
College of Medicine, University of Ne- braska.	1	1	
Maryland Medical College,	1	—	1912.
New York Homœopathic and Flower Hospi- tal.	1	1	

MEDICAL INSTITUTIONS GRANTING THE DEGREE.	Number examined.	Number registered.	Year of Graduation of Rejected Applicants.
University of Michigan,	1	1	
College of Physicians and Surgeons of Columbia College.	1	1	
University of California,	1	1	
Johns Hopkins,	1	1	
Northwestern University,	1	1	
University of Illinois,	1	1	
College of Physicians and Surgeons, Baltimore.	1	1	
Emory University Medical College, Georgia,	1	-	1920.
Drake University, Iowa,	1	1	
Temple University,	1	1	
University of Virginia,	1	1	
Tulane Medical School,	1	1	
Woman's Medical College of Pennsylvania,	1	1	
McGill,	1	1	
College of Physicians and Surgeons of Southern California.	1	-	1920.
Grand Rapids Medical College,	1	-	1906.

Tabulations showing number of first examinations and average ratings of applicants from medical schools represented by not less than 3 applicants follow:—

MEDICAL INSTITUTIONS GRANTING THE DEGREE.	Number examined.	Average Rating.
Tufts,	81	78.4
Harvard,	54	83.3
Massachusetts College of Osteopathy,	17	64.9
Middlesex College of Medicine and Surgery,	17	72.8
Boston University School of Medicine,	8	80.4
Physicians and Surgeons, Boston,	8	67.5
Foreign,	8	64.3
University of Vermont,	5	78.2
Jefferson Medical College,	5	80.2
Loyola University,	5	78.4
Bowdoin Medical College,	4	79.9
New York University and Bellevue Hospital,	3	83.9
University of Georgetown,	3	80.1
American School of Osteopathy,	3	68.1

The following tabulation shows the record of rejected applicants, and the institutions from which they were graduated:—

NAME OF INSTITUTION GRANTING THE DEGREE.	Number rejected.	Times rejected.	Registered on —
Massachusetts College of Osteopathy,	2	3	
Massachusetts College of Osteopathy,	8	2	
Massachusetts College of Osteopathy,	4	1	
Middlesex College of Medicine and Surgery,	1	4	Fifth examination.
Middlesex College of Medicine and Surgery,	2	3	
Middlesex College of Medicine and Surgery,	3	2	
Middlesex College of Medicine and Surgery,	2	2	Third examination.
Middlesex College of Medicine and Surgery,	2	1	Second examination.
Physicians and Surgeons, Boston,	1	3	Fourth examination.
Physicians and Surgeons, Boston,	3	2	
Physicians and Surgeons, Boston,	2	1	Second examination.
Physicians and Surgeons, Boston,	1	1	
Tufts,	1	3	
Tufts,	2	2	
Tufts,	4	1	Second examination.
Tufts,	2	1	
Foreign,	1	2	Third examination.
Foreign,	3	1	
Laval,	1	2	
Laval,	1	1	
American School of Osteopathy,	1	3	
American School of Osteopathy,	1	1	
University of Vermont,	1	1	Second examination.
Baltimore Medical,	1	4	
Des Moines Osteopathic,	1	3	Fourth examination.
Osteopathic College of Physicians and Surgeons, Los Angeles,	1	1	
State University, Iowa,	1	1	
Meharry Medical College,	1	2	Third examination.
Chicago College of Medicine and Surgery,	1	2	
Loyola University,	1	1	Second examination.
Indiana University School of Medicine,	1	1	Second examination.
Maryland Medical,	1	1	Second examination.
Emory University Medical College,	1	2	
College of Physicians and Surgeons of Southern California,	1	1	

Applications for registration must be made upon blanks furnished by the Board, and must be accompanied by a certified photograph of the applicant, and filed, with the required fee of \$25, not later than seven days before the date of the examination.

On receipt of an application properly executed, a ticket of admission is issued to the applicant, showing his application number and the date and place of the examination. No one is admitted except by ticket bearing date and place of examination. Tickets are issued to rejected applicants entitled to a re-examination upon payment of a fee of \$3, when applied for not later than Tuesday of the week next preceding date of an examination.

Three examinations yearly are provided by law, beginning, respectively, on the second Tuesday in March, July and November. Extra meetings for conducting examinations have been held beginning on the second Tuesday in May and September, and special examinations as explained later in the report.

The examinations are conducted in the English language only, as required by law, and are intended to cover substantially the instruction given in the high-grade medical schools in this country. The subjects on which the examinations are principally conducted are anatomy and histology, physiology and hygiene, pathology and bacteriology, surgery, obstetrics and gynecology, diagnosis and therapeutics, pediatrics and toxicology.

The Legislature of last year also provided for a limited registration for house officers and internes, as specified in the following act:—

CHAPTER 244.

AN ACT TO PROVIDE FOR THE LIMITED REGISTRATION OF INTERNES AND HOSPITAL MEDICAL OFFICERS.

Be it enacted, etc., as follows:

SECTION 1. An applicant for limited registration under this act who shall furnish the board of registration in medicine with satisfactory proof that he is twenty-one years of age or over and of good moral character, that he has creditably completed not less than three and one half years of study in a legally chartered medical school in good standing having the power to grant degrees in medicine, and that he has been appointed an interne or medical officer in a hospital or other institution maintained by

the commonwealth, or by a county or municipality thereof, or in a hospital incorporated under the laws of this commonwealth may, upon the payment of a fee of five dollars, be registered by said board as a hospital medical officer for such time as it may prescribe; but such limited registration shall entitle the said applicant to practice medicine only in the hospital or other institution designated on his certificate of limited registration, and under the regulations established by such hospital or other institution. Limited registration under the provisions of this act may be revoked at any time by the board.

SECTION 2. Persons registered under the provisions of this act shall have the rights and duties and be subject to the penalties prescribed for physicians by chapter twenty-nine of the Revised Laws and acts in amendment thereof and in addition thereto so far as the same relate to the furnishing of certificates and returns of births and deaths. [*Approved April 2, 1920.*]

The purpose of this law is to obviate the possibility of annoyance to medical students serving under appointment in hospitals. Such students must of necessity practice medicine, and at times may have the duties and responsibilities of the attending physician delegated to them. Unless such students may exercise the functions of a physician in suitable cases, an unnecessary burden of detailed work would devolve upon the staff. Under former conditions, internes could have been prosecuted for practicing medicine, and members of the staff were also liable to prosecution for associating with unregistered physicians in carrying on the practice of medicine. This law has cleaned up one unpleasant possibility in connection with the study and practice of medicine, and is generally endorsed.

The Board has conducted the three examinations required by law, and in addition, nine special examinations. In addition to the attendance at examinations, thirteen meetings have been held.

The following hearings have been conducted:—

Cases.	HEARINGS ON COMPLAINTS AND PETITIONS.	Action.
1	Petition for reinstatement (registration had been revoked for conviction of illegal distribution of narcotics).	Registration restored at second hearing.
2	Complaint of failure to report a case of diphtheria.	Complaint dismissed.
3	Improper treatment of cancer of breast (three hearings).	Placed on file.
4	Alleged performing criminal abortion (two hearings).	Dismissed for want of evidence.

Cases.	HEARINGS ON COMPLAINTS AND PETITIONS.	Action.
5	Distribution of literature in violation of section 1 of chapter 237 of the Acts of 1918 (two hearings).	Registration canceled.
6	Alleged performing criminal abortion (two hearings).	Registration canceled.
7	Application for admission to examination.	Declined because of court record.
8	Alleged perjury (two hearings).	Complaint dismissed.
9	Improper prescribing of alcoholic liquors.	Placed on file.
10	Petition for reinstatement (registration had been revoked on evidence of having performed criminal abortion).	Refused.
11	Alleged performance of criminal abortion (two hearings).	Complaint not sustained.
12	Irregularity in filing application.	Allowed to file new application.
13	Application for acceptance of application for examination (two hearings).	Petition refused because of record.
14	Irregularity in filing application.	Allowed to file new application.
15	Alleged unprofessional conduct in agreeing to perform an abortion.	Action postponed because of an appeal to Supreme Court on point of law.
16	Conviction of failure to report a communicable disease.	Postponed because of illness of defendant.
17	Extortion in charges for operation and medical service.	Placed on file.
18	Petition for examination in a foreign language.	Denied.
19	Conviction of performing a criminal abortion.	Registration canceled.
20	Petition for reinstatement (registration had been revoked for violation of section 1 of chapter 237, Acts of 1918).	Dismissed.
21	Petition for reinstatement (registration had been revoked for violation of section 1 of chapter 237, Acts of 1918).	Laid on table.
22	Association with an unregistered person.	Placed on file.
23	Petition for reinstatement (registration had been revoked on conviction of having performed a criminal abortion).	Placed on table.
24	Petition for reinstatement (registration had been revoked because of extortionate charges).	Registration restored.
25	Failure to report communicable disease.	Case dismissed without prejudice.

Three complaints against physicians for unprofessional conduct have been withdrawn.

The experience of this Board, and information acquired in conference with other registration officials, has led to the conclusion that methods of examination now employed are obsolete, and fail to secure all that the spirit of registration laws intended to have accomplished. The fundamental principal of registration of physicians is that of granting the right to practice only to those who may properly be intrusted with the important duties and responsibilities of caring for the sick, and co-operating with the public-health functions of the State. A person endorsed by the State should be capable and honest. Probably no field of human effort offers a larger opportunity for careless

and questionable methods than that of the family doctor. In the great majority of instances the first evidence of disease is submitted to him, and his investigation and judgment may determine the present and future welfare of the patient. He often works alone in the early development of disease, and if he fails to ascertain or adequately meet the demands of the case, a life may be lost or permanently impaired. Still more, he may meet ethical questions of great importance to family life and society at large, so that his judgment and influence may be a vital matter. In public-health activities the unofficial physician may be of the greatest assistance to the State, or he may add to the perplexities of the authorities. Hence it will be readily understood that a board intrusted with the responsibility of bestowing the endorsement of the Commonwealth upon practitioners ought to be able to employ methods which may reasonably be expected to separate the fit from the undesirable.

For many years the custom has been to determine an applicant's qualifications upon the assumption that he meets the moral requirements, if nothing to the contrary is in evidence, and that he can answer certain questions.

The questions employed in examinations must be, under present conditions, limited in scope because it is almost impossible to secure that service by members of boards which would be necessary in complete examinations, under the terms offered by the State. The exacting work of a physician in general practice does not permit him to take himself away from his patients for long intervals unless he can be properly remunerated, and the salary offered by the State is not recompense, hence the examinations are practically alike throughout the country. This has led to a compilation of questions issued by the State boards, and compends of these questions are published. Many applicants spend a great deal of time in memorizing these published questions and answers. This Board has done all that it could to discourage this custom of publishing questions used in examination, and does not furnish questions employed in its examinations. If boards should make use of the most complex and technical questions, then even well-qualified men would often fail to secure the required ratings. The present system puts a premium upon the mechanical qual-

ity of memory. Some people, with limited intellectual scope and reasoning powers, can memorize questions and answers, and yet fail to understand the principles by which successful medicine is applied. To many students of this problem the solution lies in requiring all applicants for registration to have had training in institutions which teach the student the scientific facts upon which medicine is founded, and train his mind and hand in the application of the knowledge acquired. One great reason for the lack of appreciation of the value of scientific medicine by a proportion of the people is the evidence of lack of skill as shown in the work of some physicians, for many people are not in a position to discriminate between the well-qualified and the poorly equipped, and make choice of a physician because of his appearance or the recommendation of some other person equally deficient in the power to make a wise selection.

The State should demand that a physician should be intellectually developed before entering upon the study of medicine, and that the medical training should be in institutions and under men equipped to teach. Short and indifferent courses of study may lead to superficial, careless and mercenary practice. The adolescent mind requires for its development contact with men of knowledge and high ideals. The present standard of medical education in this State, which requires only four years of study in a medical school, is a farce. The State should define the curriculum required in that four years' course, and ascertain if the requirements are met. It is easy to require a four years' course on paper, keep students in attendance, take their fees, and give the most meager and superficial exercises. Even if the State is content to make it possible for the poorly educated boy to serve the people, it should have some conscientious scruples relating to the fraud perpetrated upon the student who is paying for an education which he does not get. The present policy of this State seems to be to protect institutions which are condemned by thirty-seven other States. Reference to the statistical tables show that graduates of certain schools have a poor record. One group of schools representing a medical cult has furnished twenty-four candidates this year. Eighteen were rejected. One of these schools is located in Massachusetts, and of seventeen graduates from this latter school, fourteen were

rejected. Can any one claim that a school with that record should not be obliged to do better work? Representatives of this school opposed the bill for higher requirements, introduced in the last legislative session. If this school is to be allowed to continue, it should be ambitious to have its graduates make a better showing. This can be attained both by having better qualified matriculants, and providing better instruction. Another school in this State had eight applicants, seven of whom were rejected.

No one has ever protested to the Board against the quality of the examinations. Rejected candidates who have conferred with the Board have uniformly testified that the questions submitted were fair, and when the answers were analyzed, have conceded that the markings were also fair. These conditions would seem to demonstrate that schools which cannot make a creditable showing should be compelled to do better or retire from the field.

In addition to the requirement of a better education by the applicant, the State should give authority to the Board of Registration in Medicine to employ assistants who have laboratories at their disposal, for the purpose of giving applicants an opportunity to demonstrate the ability to do those things in which physicians should be skilled. It is easy enough for a man to say that he can do a blood count or inject antitoxin. He should show his acquirement. It is easy for a man to write about râles or blood pressure. Recognition and application are other evidences. The State has no facilities for this sort of work, and must depend upon other organizations if this plan is adopted.

Another important function has been overlooked in the State regulation of medical practice, for there has been no special provision for the investigation of fraudulent and other criminal activities. The argument has often been advanced that investigations and prosecutions are the functions of the police departments, but police officers have seldom shown much interest in the work of the unregistered doctor, or the registered man who has elected to perpetrate fraud or perform illegal acts, unless the crime has been spectacular. In some instances judges have either ignored or failed to appreciate the interpretation of

law by the Supreme Court. In a recent case, although the violation of law was obvious, a judge has expressed the opinion that representatives of the State should relieve the local police of the responsibility of prosecution. This Board has contended that the laws under the police power of the State placed a definite responsibility upon the legal machinery created to enforce law.

This difference of opinion has seemed at times to delay or inhibit police and judicial action, and since the work devolving upon the executive officer of this Board requires all the time which one person can devote to it, agents with power to act should be at the disposal of the boards of registration, to whom complaints could be referred for investigation, and if the facts warrant, such agents should present the evidence to the courts. Under the present system, application has to be made to the Department of Public Safety for investigation, or to local police organizations, and the result may depend on the availability of an officer, or the interest which he may have in this kind of work. Investigations relating to crime should be made promptly, or the dignity of the law is not upheld. It is urgently requested that adequate provision shall be made for this appointment of inspectors or agents familiar with the laws, to whom the boards can turn with the expectation of ready response. Although the open violations of law are less frequent than formerly, there are still many offenders who should be dealt with.

Another question of State policy calls for solution. This relates to the registration of aliens. At the present time men are seeking new locations. This country attracts many foreigners, and physicians are coming to this State who have little or no knowledge of our language or customs, but who wish to practice among their countrymen. It is generally conceded that whenever an immigrant desires to participate in the advantages of life in this country, he should be ready to respond to the responsibilities of our laws and customs. If he is disinclined to learn our language, and familiarize himself with the laws relating to lay and professional conduct, he fails to become as useful as may reasonably be demanded. He remains provincial

in thought, and it may be retains allegiance to the country from which he came. Every newcomer, who intends to practice a profession, should expect to lend moral support to our institutions, and if so, should show evidence of citizenship, or effort to secure it. This Board has found, in several instances, that applicants expect to secure registration before even attempting to learn our language, and it is recommended that an act be passed which will require, in addition to a knowledge of English, evidence of having taken steps to secure citizenship.

REGISTRATION OF CHIROPODISTS.

The Board has examined 19 applicants for registration. Each examination has occupied one full day. The written exercises are conducted in the State House, and the practical demonstrations, under the supervision of Messrs. Kenison and Pettingill, at the School of Chiropody. Each applicant is obliged to furnish his own equipment, and demonstrate his proficiency upon a patient.

Several chiropodists who were in war service have found that registration might have been secured if the restrictive features of graduation from a school of chiropody were not now in force. Being absent, these persons were unable to comply with the present requirements. The Board has been unable, under the law, to meet the wishes of this class.

Another small number of persons have only recently learned that a registration law is in force, and feel aggrieved at finding the avenues for registration barred. These people were not members of the State association, and failed to read the notices in the papers calling attention to the requirements of this law. Some have given up the practice rather than attend the prescribed courses.

This is an argument in favor of all members of a profession joining societies, for in this case the State society co-operated with the Board in efforts made to furnish information to all who might be affected by the law.

The law requiring registration of chiropodists has already accomplished good in raising the standard of service given to the people.

Drs. Perkins, Calderwood and Bowers have represented the Board of Registration in Medicine, and Messrs. Kenison and Pettingill, the chiropodists in this work.

There were 442 chiropodists who took out annual registration certificates for the year 1920.

A list of the physicians and of the chiropodists registered during the year will be found in the Appendix.

Respectfully submitted,

SAMUEL H. CALDERWOOD, M.D., *Chairman.*

WALTER P. BOWERS, M.D., *Secretary.*

AUGUSTUS L. CHASE, M.D.

MICHAEL F. FALLON, M.D.

MATTHEW T. MAYES, D.O., M.D.

NATHANIEL R. PERKINS, M.D.

CHARLES E. PRIOR, M.D.

APPENDIX

A CERTIFIED LIST OF PHYSICIANS REGISTERED IN MASSACHUSETTS DURING 1920.

Achong, Tito Princilliano.
Adams, Donald Stansbury.
Adelman, Ernest Bernard.
Alden, Augustus Elihu.
Alexander, William Hamlet.¹
Allen, Griffin Anderson.
Anshin, Marcus Moses.

Babb, Emily Augusta.
Bachman, George Warren.
Balcerkiewicz, Charles Wadsworth.
Barrett, Charles George.
Begg, Alexander Swanson.
Benson, Clarence Kirk.
Berman, Saul.
Betteridge, Lawrence Augustine.
Black, Ellis Moore.
Blackett, Oddrick Kirkwod.
Blumerfield, Israel Michael.
Boland, Benedict Fenwick.
Bowman, Edward Francis.
Bradbury, Melvin Rice.
Breed, William Bradley.
Brennan, Thomas Philip.
Brewster, Albert Howell.¹
Bridges, Matthias Victory.
Brigham, Harold Kingsbury.
Brittingham, Harold Hixon.
Brodbeck, Frances Waldo.
Browder, Newton Clarence.
Brown, William Eustis.¹
Bruder, Andrew Joseph.
Bunce, James Walter.

Caldwell, John Oatley.¹
Campbell, Charles Macfie.
Chaimson, Harry.¹

Cheer, Sheo Nan.¹
Cheley, Glen Evan.
Churchill, Edward Delos.¹
Clarke, Elisha Davis.
Cleveland, Harold Frank.
Collins, James Joseph.
Condric, James Francis.
Cooper, Olive Alfreda.
Correa, John Francis, Jr.¹
Corriden, Thomas Francis.
Costello, Richard Joseph.
Cotè, Corinne Rhea.
Coulson, Herbert.
Cruff, Frederick Ellery.
Cruickshank, Frank Sheppard.
Cuddy, Thomas St. Clair.
Curran, William Louis.
Currier, Donald Estes.

Daniels, Lewis Ernest.
Davidson, Leonard Tomb.¹
Deason, Laura Jackson.
DeCesare, Nicandro Francis.
Denny, Elliott Stevenson.¹
Desmond, Margaret Ellen.
Dewey, Edward Bradley.¹
Doherty, Gerald Leo.
Doherty, Henry Leo.
Dorrance, Harold Sparrow.¹
Downing, Carter Harrison.
Dresel, Rudolph Ludwig.¹
Dubins, Joseph Arthur.
Durgin, Lawrence Newton.
Dwyer, Philip Roche.
Dziura, John Joseph.

Emery, Edward Stanley, Jr.

Farson, John Pickering.¹
Ferguson, Eleanor Bagshaw.
Finkel, Henry Sumner.
Fiske, Seymour.¹
Fleming, Howard Webster.¹
Foley, Frederic Eugene Basil.¹
Frank, John Raymond.
Frank, John Raymond.¹
Fuller, George Lester.
Fulstow, Marjorie.

Gagnon, Jules Octave.
Galleani, Ilia.
Galleani, Ilia.¹
Garcia, Miguel Veve.
Gayler, Gilbert Ellis.
Genest, Aloria Henry.
Gibson, Julia Roberts.
Gilchrist, Bernard Francis.
Glover, Donald Mitchell.
Golden, Ross.
Gould, Robert Louis.
Greene, David Dewey.
Greenspon, Edward Abram.¹
Greenwald, Jacob James.
Grenberg, Charna.
Grey, Anna Barbara.¹
Guijarro, Antonio.
Guimaraes, Abilio Santos.¹
Gwin, Ethel Anna.¹

Hagler, Frederic.
Hale, Herbert Francis.
Harbin, Robert Maxwell.¹
Harrington, Elmer Joseph.
Hastings, Wilson Henry.
Hawley, Ralph Ernest Dudley.
Heimlich, Fred.
Hennigar, Beatrice Almore.
Henson, Paul Palmer.
Hill, Lee Forrest.
Hitchcock, James.¹
Hoffman, Walter Ralph.¹
Hoffman, Walter Ralph.
Hogan, Daniel John.

Holman, Marguerite.
Horan, Thomas Benedict.
Horan, William Augustine.
Hraba, John.

Iovanna, Nicholas.
Israelian, Agnes Grace.

Jellis, Walter.
Johnson, Marjorie McKinstry.
Jones, Chester Morse.
Jores, Mark Harry.
Joyce, Henry Stephen.
Joyce, Roland Joseph.

Kassees, Saad Hanna Allah.
Katz, Albert.
Keating, Thomas Francis.
Keegan, John Jay.¹
Kelley, Bernard Richard.
Kelly, Otis Francis.
Kemp, Robert Stanley.
Kerkhoff, Edith.
Kershaw, George Henry.
Kiley, Cornelius Joseph.
Kingsley, Edward.
Kitsis, Henry Hyman.
Klein, Robert Jacob.
Knowlton, Florence Emerson
Honey.
Kotarski, Louis Alexander.
Kotler, Moses George.
Kramer, Florence.
Kramer, Louis Irving.

Lavelle, Gertrude Helen.
Lawlor, James Joseph.
Lawlor, Peter Paul.¹
Leavitt, Thomas William.¹
LeMarbre, Albert Edward.
Leonard, Ruth.¹
Levy, Phillips Earle.
Lindquist, Gustav Herman.
Littlehale, Roy Frederic.

¹ Denotes limited practice as medical hospital officer.

Livingston, William Kenneth.
Locke, Charles Edward, Jr.
Logiodice, Leonard Francis.
Looney, Joseph Michael.
Louria, Henry Walter.¹
Lucy, John Joseph.
Lund, Charles Carroll.¹
Lynch, Richard Alphonsus.
Lynch, William.

MacDonald, Ralph Fabian.
MacKedon, William Leo.
McDonald, William James.
McKean, Richard Moore.¹
McKnight, William Hodges.
McLean, John Cassidy Joseph.
McLeod, Melvin Saunders.
McSweeney, Joseph Henry.
Mace, Roswell Greenwood.
Mace, Roswell Greenwood.¹
Matheis, Henry August.
Mathews, Floyd Osborn.
Meehan, James Morgan.
Mella, Hugo.
Merrill, Ralph Edward.
Merrill, Urban Howe.
Miller, Robert Talbott.
Miller, Stella Miriam.¹
Montgomery, David Henry.
Morris, Cora Hennin.¹
Moses, Alvin Raymond.
Moynan, William Thomas.
Murphy, Thomas Burke.¹
Murray, Reginald St. Elmo.

Nadel, Samuel.
Nelson, Walter Garnett.
Nelson, Wilford Merriam.¹
Newman, Joseph Abraham.¹
Newton, Harlan Fay.

O'dian, Missak Garabed.
Olans, Herman.
O'Leary, Joseph James.

O'Neil, Eugene Everett.
Ormond, Alexander Thomas, Jr.¹
Oslin, John Francis.
Otway, Alfred Septimus.

Parsons, Clifford Stone.
Peck, Eugene Curtis.
Pelletier, William Joseph.
Perley, Arthur Eugene.
Peterson, Carl Adrian.
Piasecki, Joseph Leon.
Poirier, Armand Charles.
Ponte, Joseph Perry, Jr.
Powers, Richard Thomas.
Price, James Valentine, Jr.¹
Putnam, Ralph Matthew.¹
Putnam, Tracy Jackson.

Randall, Guy Charles.
Raymond, Albert Orville.
Reingold, Morris.
Renaud, Ulric Joseph.
Robbins, Herman.
Roberts, Harry Lewis.
Roberts, Harry Lewis.¹
Rondeau, Leo Garrigan.
Rosenfield, Harold Herman.
Rowell, Hugh Grant.¹
Russell, Wilson James.
Russell, Wilson James.¹
Ryan, Earl Francis.
Ryan, James Bernard.

Sanford, Clarence Higgins.¹
Savage, William Elliott.
Schall, Le Roy Allen.
Seudder, Winthrop Davis.
Seaman, James Alpheus.
Secord, Walter Newton.
Shattuck, Ray Hammond.¹
Shea, Andrew Francis.
Shedden, William Martindale.
Siragusa, James Joseph.
Smith, Lawrence Weld.

¹ Denotes limited practice as medical hospital officer.

Smith, Richard Hsley.
Smith, Stephen Munro.
Smith, William Russell.
Spaulding, Ray Washburn.
Splaine, Russell Leo.
Stamas, Theodore Albert.
Starr, Isaac, Jr.¹
Stearns, Charles Maxwell.
Sterns, Albert Henry.
Stevens, Harold Wentworth.
Stillman, Raymond Durgin.
Stokes, Joseph, Jr.¹
Stokey, Fred Eicher.
Storrs, Ralph Warren.¹
Story, Theodore LeRoy.
Swartz, Jacob Hyams.
Sweeney, Joseph Patrick.
Sweeney, William Joseph.

Tanner, Walter Lewis.
Terry, Philip Roy.
Thayer, Ralph Bruce.
Thomas, Harry George.
Thorndike, William Tecumseh Sherman.
Thorne, Fred Sanborn.

Walker, William James, Jr.¹
Wein, Barnet Maurice.
Weinberg, Philip Baron.
Weiner, Sidney Hertz.
Weissman, Ruth.
West, Gustav Frederick.
Wheeler, LeRoy Russell.
Wiggin, Sidney Cushing.
Williams, Charles Amory.
Wilson, David Cole.¹
Winn, Nannie Lee.¹
Wishart, David Edmund Staunton.¹
Withington, Paul.
Witte, Max Ernest, Jr.
Witte, Max Ernest, Jr.¹
Wood, Charles William.
Wood, Russell.
Woodman, Marjorie.
Wynn, James Arnold.¹

Yoakam, Wayne Addison.
Yorshis, Philip.
Youmans, John Barlow.¹

Zacks, David.
Zundell, Samuel Charles.

¹ Denotes limited practice as medical hospital officer.

A CERTIFIED LIST OF CHIROPODISTS REGIS-
TERED IN MASSACHUSETTS DURING 1920.

Bell, Winston Wright.
Bourque, Joseph Fred.
Boyd, Thomas Thatcher.
Buckbee, Ralph Waldo.
Carter, James Emmett.
Desmond, Daniel Giles.
Doherty, James Lawrence.
Dolley, Thomas Jefferson.
Grosvenor, Josie.
Hubby, Arthur Lewis.

Joachim, Alfred Oliver.
Miller, Edmund William.
Murphy, Evelyn Ryan.
Rochon, Victor August.
Small, Joseph Anthony.
Titus, Daisy Adams.
Titus, Harvey Ozro.
Walker, Clifton Everett.
Wallace, William Henry, Jr.

